Department of Veterans Affairs
Office of Quality and Safety

VA Hospital Compare
ASPIRE User Guide

Website: You can connect to the Aspire dashboard from the www.hospitalcompare.va.gov website



Department of Veterans Affairs Hospital Compare

Welcome to the VA Hospital Compare web site. This site is for Veterans, family members and their caregivers to compare the performance of their VA hospitals to other VA hospitals. Using this tool, Veterans, family members, and caregivers can compare the hospital care provided to patients



Quality Information on this web site is divided into four sections:

- 1) LinKS ("Linking Information Knowledge and Systems") summarizes outcomes in areas such as acute care, safety, Intensive Care and other measures
- 2) ASPIRE documents quality and safety goals for all VA hospitals, plus how well our hospitals are meeting these goals
- 3) Compare how well your local VA hospital cares for its veterans with congestive heart failure, heart attack and pneumonia
- 4) Tracks progress in the VA in reducing complications from surgery including infection, blood clots, cardiac, and respiratory problems

VA Transparency Program

The Secretary of Veterans Affairs (VA) and the VA's Under Secretary for Health are committed to transparency - giving Americans the facts. The Veterans Health Administration (VHA) releases the quality goals and measured performance of VA health care in order to ensure public accountability and to spur constant improvements in health care delivery. The success of this approach is reflected in our receipt of the Annual Leadership Award from the American College of Medical Quality.

Raising the bar for the 21st century healthcare

Much of the data in LinKS and ASPIRE are simply not measured in other health systems – VA is raising the bar. When available, VA uses outside benchmarks but often sets VA standards or goals at a higher level. VA scores hospitals more than 30% different from the goal as underperforming or red and those only 10% different from the goal are shown in green in ASPIRE. But a red site within the VA might be a good performer compared to outside counterparts. The scoring system is designed to move VA forward. ASPIRE is not about finding fault but about helping VA to target opportunities for improving performance

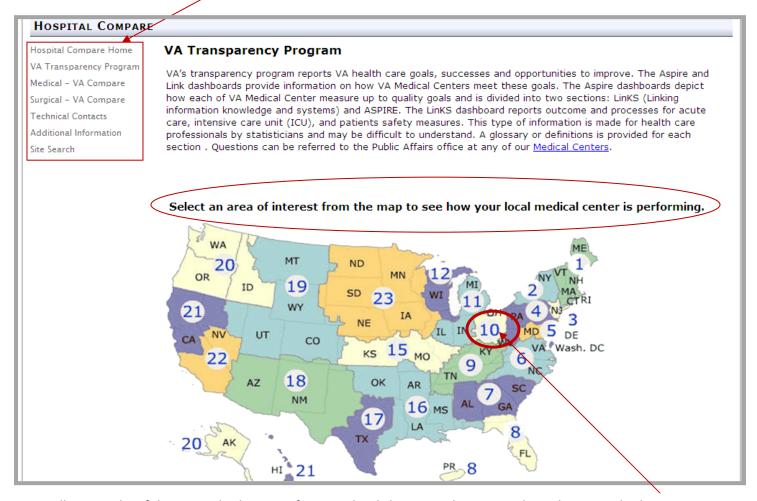
ASPIRE is a dashboard that documents quality and safety goals for all VA Hospitals. This data shows strengths and opportunities for improvement at the national, regional and local hospital level. Aspire data supports the VA's mission of a continuous health care improvement program to provide the best possible care to Veterans. The database lists many "measures" and our goal for each measure. The data shows " where we are" in comparison to where we want to be. A simple example would be for blood pressure management. The goal for all veterans age 18-85 with high blood pressure is to have blood pressure readings less than 140/90. This measure shows the percentage of Veterans meeting that blood pressure goal. The data in this dashboard will be updated on a regular basis.

VA's Linking Information Knowledge and Systems (LinKS) is a web based dashboard that documents outcome measures for acute care, ICU, outpatient, safety and annual measures. This data shows strengths and opportunities for improvement at the national, regional and local hospital levels. LinKS supports the VA mission to provide the best possible care to the Veterans. The dashboard shows what we are measuring and our result. A simple example would be for smoking. We measure the percentage of veterans that smoke and what we've done to help them stop smoking such as smoking cessation classes, counseling or medication to help them quit.

Compare a VA Hospital

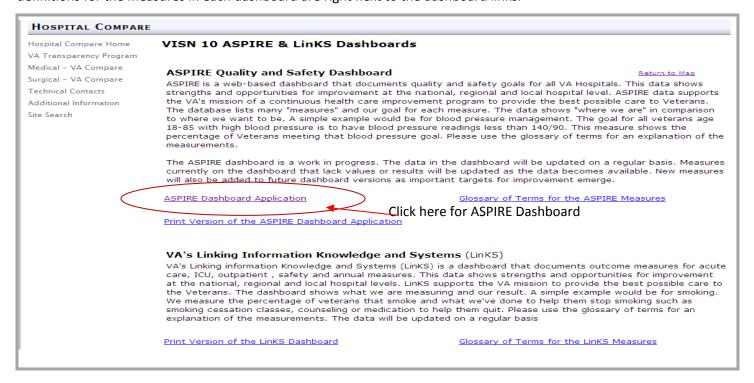
Click here to open ASPIRE

When you click on "Compare a VA Hospital," this page opens. To return to the prior page click on link to return to VA Compare

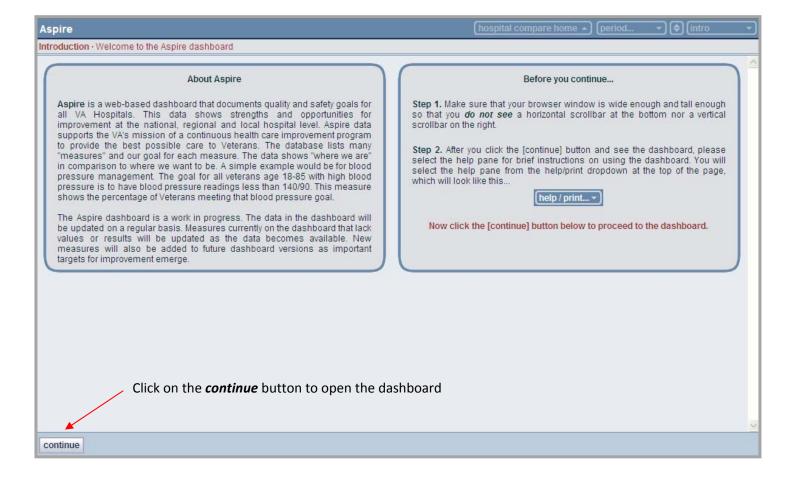


You will see results of the VA medical center of interest by clicking over the region where the VA medical center is located.

The next screen shows links or how to get to the ASPIRE dashboard or the LinKS dashboard. Access to the glossary or definitions for the measures in each dashboard are right next to the dashboard links.



This is the next screen when you click on the ASPIRE dashboard. Go to the left hand bottom screen and click continue to get to the information.



Aspire													hos	pital co	mpare l
Domains · Measures · Aspirational Goals				Aspirational Goals Met · click VISN (01 to 23) to expand											
		2	2	Avg.	Goal	01	402	405	518	523A4	523A5	608	631	650	689
Safety	\	Ŧ	?					VISN 01 New England							
Effectiveness		₩	?					facility 402 Togus, ME (level 3)							
Efficiency		₩.	?					racing	7402 1	Jyus, M	L (level	3)			
Timeliness		Ţ	?								1				
Patient-Centeredness		Ţ	?								γ 4				
Equity -	J	Ţ	?	J											

From left to right

1 DOMAINS: Are broad categories. Each domain contains measures. Click on a domain and the measures and results for that category will be displayed

Safety					
MRSA infection rate					
VAP infection rate					
CLAB infection rate					
Composite SCIP					
Hospital acquired pressure ulcer rate					
Incorrect Surgery					

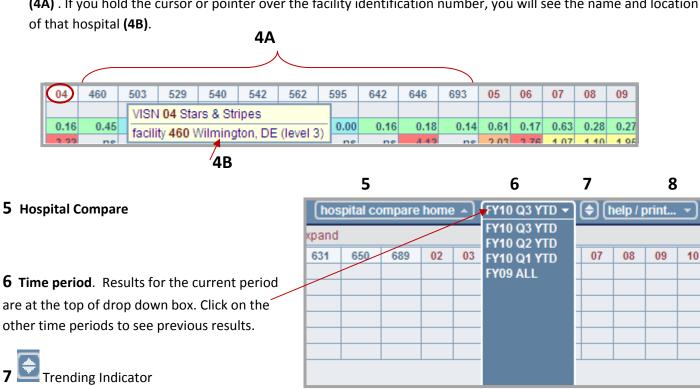
OR

2 Click on to open the domain. At this time the results for the measures will be visible. Click to display definition of domain

			Avg.	Goal
Safety	-	?)	
MRSA infection rate		Q,	0.29	0.00
VAP infection rate		0,	2.21	0.00
CLAB infection rate		0,	1.53	0.00
Composite SCIP		PΤ		99
Hospital acquired pressure ulcer rate		O,	3.19	0.00
				3

3 Avg reports the VA national average for the domain and measure; Goal identifies the target if care was perfect for domain and measure

4 Veteran Integrated System Networks (VISN) or regions are numbered from from 1-23 across the top of the dashboard. Click on the VISN (refer to map for region number) and the hospitals in the region will be displayed (4A). If you hold the cursor or pointer over the facility identification number, you will see the name and location of that hospital (4B).



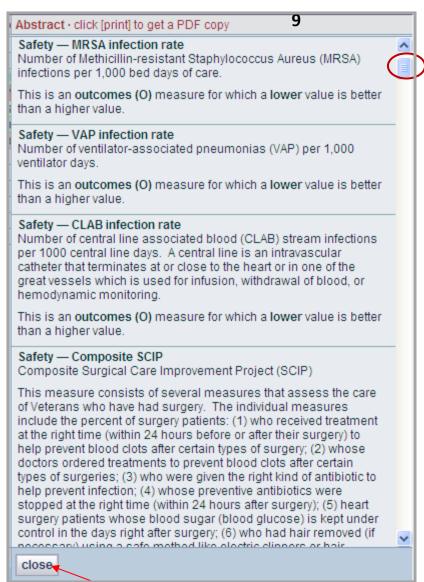
8 help/ print and drop down box will show the help, print and abstact.



9 When you click on abstract the definitions of domains and measures are displayed. Scroll down on the right hand side to see all the domains and measures

cursor over the \square and the display definition will show;

Repeat for Pal



Place cursor over close and click to return to safety measure scores

	Domains · Measures · Aspirational (Goa	ls				
	Safety	•	?				
	MRSA infection rate		O,	10			
	VAP infection rate		0,				
	CLAB infection rate		0,	O indicates that this is an outcomes measure			
	Composite SCIP		P				
	Hospital acquired pressure ulcer rate		O,	✓ indicates that a lower value is better than a higher value			
	Incorrect Surgery		P,	click O to display the definition of this measure			
		composite SCIP					
10 O in this column = an outcome measures and P = a				P indicates that this is a process measure			
process measure. The following arrow indicates				■ indicates that a higher value is better than a lower value			
whether a higher numb	er (arrow at the top) or a lower	click P to display the definition of this measure					
number (arrow in the b	ottom corner is best. Place the						

11 What do the colors mean? Click on the key at the bottom of the left hand side of the dashboard and there will be an explanation of the color coding.

